

PS 7430.02 COMMUNITY TRANSITIONAL DRUG ABUSE TREATMENT FOR INMATES



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# Program Statement

OPI: CCD  
NUMBER: 7430.02  
DATE: 8/25/99  
SUBJECT: Community Transitional  
Drug Abuse Treatment

1. **PURPOSE AND SCOPE.** To provide guidance and direction to staff with management and oversight responsibility for sentenced inmates requiring drug abuse treatment while in the community. These inmates may be transfers from a Bureau facility to a Community Corrections Centers (CCCs). Other inmates may be placed in the CCC as a condition of their supervision, or as direct commitments to the CCC for service of a sentence. The CCC's purpose is to provide a period of transition from the institution setting to the community, while remaining under the Bureau's supervision and authority.

The majority of the inmates participating in the Transitional Drug Abuse Treatment (TDAT) are transfers from Bureau facilities who are graduates of the Bureau's Residential Drug Abuse Program (RDAP). However, other inmates identified as needing drug treatment may also be required to participate in TDAT.

2. **SUMMARY OF CHANGES.** The following are highlights of this revised Program Statement:

- The title of the policy has been renamed to Transitional Drug Abuse Treatment (T-DAT);
- The titles of the program administrators have been changed to National Transitional Drug Abuse Coordinator, Regional Transitional Drug Abuse Coordinator (Regional T-DATC; and Regional Transitional Drug Abuse Specialist (Regional T-DATS);
- Addresses policies and procedures for the provision of drug treatment as part of the CCC contract;

[Bracketed Bold - Rules]  
Regular Type - Implementing Information

- |            |                                                           |
|------------|-----------------------------------------------------------|
| PS 1330.11 | Administrative Remedy Program (10/29/93)                  |
| PS 1351.04 | Release of Information (12/5/96)                          |
| PS 5270.07 | Inmate Discipline and Special Housing Units<br>(12/29/87) |
| PS 5330.10 | Drug Abuse Programs Manual, Inmate (5/25/95)              |
| PS 5390.07 | Intensive Confinement Center Program<br>(4/24/96)         |
| PS 7300.09 | Community Corrections Manual (1/12/98)                    |

PS 7310.03            Community Corrections Center (CCC)  
Utilization and Transfer Procedure (3/25/96)

18 U.S.C. 3621(e)

c. Rules cited in this Program Statement are contained in 28 CFR 550.59 and 550.60.

## **5. STANDARDS REFERENCED**

a. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4388, 3-4388-1, 3-4388-2, 3-4388-3, 3-4388-4

b. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-4F-05, 3-ALDF-4F-06, 3-ALDF-4F-07, 3-ALDF-4F-08, 3-ALDF-4F-09

c. American Correctional Association 2nd Edition Standards for Administration of Correctional Agencies: 2-CO-4F-01

d. American Correctional Association Standards for Adult Correctional Boot Camp Programs: 1-ABC-4F-08, 1-ABC-4F-09, 1-ABC-4F-10, 1-ABC-4F-11, 1-ABC-4F-12

**6. PROGRAM PHILOSOPHY.** The underlying philosophy of all Bureau drug abuse programs is that individuals must assume personal responsibility for their behavior. Despite the influence of environmental conditions and circumstances, the primary target for change is the individual's conscious decision to engage in drug-taking and criminal behavior. The principal goal of treatment is to equip the individual with the cognitive, emotional, and behavioral skills necessary to choose and maintain a drug-free and crime-free lifestyles.

The Bureau recognizes the need to continue the substance abuse treatment inmates receive in an institution during their period of transition back into the community. For these inmates, it is critical that compatible treatment be immediately available upon their transfer to a CCC or home confinement. This allows inmates to build upon the treatment received in the institution and incorporate those philosophies into daily living. The return to the community presents many high risk situations that were not a part of the inmate's daily life in the institution. Continuing the inmate's treatment while under the Bureau's authority further assures community safety and increases the inmate's incentive for treatment.

7. **ADMINISTRATION.** The following staff assist in coordinating and overseeing the Community TDAT:

a. **National Drug Abuse Program Coordinator.** The National DAP Coordinator is responsible for the overall development and monitoring of the institution-based drug abuse program and develops the Inmate Drug Abuse Programs Manual. The National DAP Coordinator works closely with the Transitional Services Coordinator to ensure services provided in the community are compatible with the institution-based RDAPs.

b. **National Transitional Drug Abuse Treatment Coordinator (T-DATC).** The National T-DATC is responsible for the overall design and administrative oversight of programs related to the transition of drug-involved inmates to the community. The NATIONAL T-DATC coordinates with Central Office DAP staff, institution staff, community corrections staff, U.S. Parole Commission, and the Administrative Office of the U.S. Courts, to develop policies which ensure implementation of a comprehensive, high quality program.

c. **Regional Drug Abuse Program (DAP) Coordinators.** Regional DAP Coordinators, under the supervision of Regional Psychology Services Administrators, oversee and coordinate institutional drug abuse programs in their regions. Regional DAP Coordinators also provide guidance to Transitional Services Managers.

d. **Regional Transitional Drug Abuse Treatment Coordinators (Regional T-DATCs).** T-DATCS, under the supervision of the Community Corrections Regional Administrator (CCRA), have responsibility for placing inmates in TDAT, procuring treatment, monitoring treatment providers, certifying bills, ensuring quality control, and performing liaison activities among institutional programs, U.S. Probation, and contract community treatment providers. T-DATCS work closely with the Regional DAP Coordinators. The T-DATCS also supervises the Transitional Services Specialist.

e. **Regional Transitional Drug Abuse Treatment Specialists (Regional T-DATS).** Ordinarily under the T-DATS supervision, T-DATS assist with all TDAT operations. Duties are usually centered on case management functions and clinical oversight of T-DAT participants. As such, T-DATSS serve as a primary liaison and facilitator for the flow of information among all parties and agencies involved with inmates prior to, during, and subsequent to their involvement in the T-DAT.

## 8. CORE REQUIREMENTS

a. **Eligibility for the TDAT.** An inmate must meet all the following eligibility criteria in order to participate in T-DACT:

(1) **The inmate must have a verifiable documented drug abuse problem.** The inmate must meet the diagnostic criteria for substance abuse or dependence indicated in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

Except for RDAP graduates, there must also be verification in the Presentence Investigation (PSI) report or other similar documents supporting the diagnosis. Documentation that indicates the inmate **used** the **same substance** for which a diagnosis of abuse or dependence was made via the assessment, shall be accepted as verification of a drug abuse problem. (**Note:** A condition for drug or alcohol aftercare alone is not considered sufficient documentation.)

(2) **The inmate must have no serious mental impairment which would substantially interfere with or preclude full participation in the program.**

(3) **The inmate must sign an agreement acknowledging his or her program responsibility.**

(4) The inmate must have at least 90 days in the CCC or home confinement to participate in the TDAT. This criteria applies only to the Enhanced Treatment Services (ETS) participants. This will ensure that they will have sufficient time to benefit from treatment. (The only exception would be if the U.S. Probation Office makes a request and the inmate meets all other eligibility criteria.)

b. **Treatment Services.** Ordinarily, the community-based treatment provider shall provide from one to four hours of substance abuse treatment each week. Substance abuse treatment may be in the form of individual, group, or family counseling.

Regional T-DATCs may waive the requirement for TDAT inmates with drug/alcohol aftercare to attend the 30 minutes of drug treatment counseling required in the CCC Statement of Work (SOW). Waivers shall be documented on the Waiver of CCC Drug Treatment Requirement (BP-S527.074 available on BOPDOCS) and maintained in the Regional T-DATCs inmate files. With signatory approval from the CCM, the Regional T-DATCs may grant a "blanket" waiver to a CCC for all inmates at a CCC who are participating actively in TDAT. Blanket waivers shall be filed in the appropriate CCC contract file.

c. **Removal From Treatment.** TDAT inmates are subject to the

same disciplinary regulations as any other Bureau inmate. Any inmate identified as needing TDAT is required to participate and successfully complete TDAT. The Regional T-DATCs shall inform the provider to notify the Regional DATC, CCM, and CCC as soon as possible, but not more than 24 hours later, via telephone or FAX, of the following behaviors:

- Disruptive behavior;
- Failure to participate (e.g., sleeping, bad attitude, lack of motivation, failure to complete group work or homework, continued resistance to therapeutic process, etc.);
- "No shows" to treatment, e.g., canceled, rescheduled, or broken appointments;
- Illegal behavior, including illicit drug use;
- Display of violent behavior, including threatening statements;
- Use of alcohol; and
- Any other significant incidents indicating that the inmate is not participating meaningfully in TDAT.

In addition, other relevant information which comes to the treatment provider's attention should be reported. When any of the above behavior is reported to the Regional T-DATCs, a written notification shall be sent to the inmate explaining that his or her status in the program is in jeopardy. An inmate shall receive no more than three notices before the inmate is removed from the program. The Regional T-DATCs, however, may remove an inmate at any time if the inmate is not benefitting from treatment or refuses to participate meaningfully.

In the case of illicit drug use, alcohol abuse, threatening behavior, illegal behavior (other than infractions), or other serious behavior, the inmate will be removed from treatment immediately.

Consequences of refusing or failing TDAT may include, but are not limited to:

- loss or retardation of early release eligibility (if eligible);
- return to parent institution, or
- placement in secure housing.

**d. [Inmate Appeals §550.60**

**(1) Administrative remedy procedures for the formal review of a complaint relating to any aspect of an inmate's confinement (including the operation of the drug abuse treatment programs)**

are contained in 28 CFR 542, subpart B.]

28 CFR 542, subpart B refers to the Program Statement on the Administrative Remedy Program.

[(2) In order to expedite staff response, an inmate who has previously been found to be eligible for early release must, when filing an administrative remedy request pursuant to 28 CFR 542, subpart B on an action which would result in the inmate's loss of early release eligibility, indicate in the first sentence of the request that the request affects the inmate's early release.]

e. **Emergency Inmate Appeals.** An inmate may appeal his or her expulsion from the TDAT portion of the drug abuse treatment program or the loss of his or her early release eligibility through the usual Administrative Remedy process.

When the inmate alleges the Administrative Remedy process will affect the inmate's release date if the expulsion from treatment or the loss of eligibility is overturned, (within two years from release at the time of filing the administrative remedy), staff shall determine if the claim is of an emergency nature and process in accordance with the Program Statement on the Administrative Remedy Program. Once such a determination is made, there will be no extensions granted at any stage of the administrative remedy process.

## 9. **TRAINING REQUIREMENTS FOR THE REGIONAL T-DATCs AND T-DATS**

a. **Mandatory Training.** All Regional T-DATCs must be Contracting Officers' Technical Representatives (COTR) certified within 12 months of their initial appointment to the position.

If the Regional T-DATCs or T-DATS is new to community corrections, he or she shall participate in the Community Corrections Fundamental Course.

In addition, the Regional T-DATCs and T-DATS shall participate in the two week New Drug Abuse Treatment Specialist (DTS) Training. The National T-DATC shall request placing the individual on the waiting list for the next available class through the Central Office National Drug Abuse Training Specialist. If he or she attended this course prior to this appointment, it is not necessary to attend again.

b. **Continuing Education.** As technology and knowledge increase, innovative techniques for treating the drug-dependent inmate population are being developed. The Regional T-DATCs and T-DATS are expected, through ongoing professional reading and



annual continuing education, to become aware of the latest approaches to therapeutic interventions and become skilled in using those techniques which would most benefit the inmate population.

When resources permit, the Bureau through Drug Abuse Programs, in its Central Office Psychology Branch, sponsors a continuing education program to assist drug treatment staff to obtain or maintain their professional certification.

10. **FUNDING FOR TRANSITIONAL DRUG ABUSE TREATMENT.** The Regional T-DATCs is responsible for managing Cost Center F540. F540 funds can be expended for drug abuse treatment services and resources only.

11. **TDAT PARTICIPANTS**

a. **RDAP Participants/Graduates.** [§550.59 (b) An inmate who successfully completes a residential drug abuse program and who, based on eligibility, is transferred to a Community Corrections Center (CCC), is required to participate in a community-based treatment program, in addition to the required employment and other program activities of the CCC. The inmate's failure to meet the requirements of treatment may result in the inmate's being returned to the institution for refusing a program assignment.] While at the institution, all RDAP inmates execute a program agreement acknowledging the TDAT requirement. When the inmate is admitted into the TDAT, CCM or TDAT staff, as determined by the CCRA, shall load the DRG assignment of TRAN PAR R, ordinarily within five working days of the inmate's arrival at the CCC or on home confinement.

Inmates who complete both the institution and community portion of the drug program may receive up to a year off their sentence, if otherwise eligible (see DAP Manual). Inmates who have completed the Cuban Residential Drug Abuse Program (CuDAP) program at FCI Englewood are treated the same as RDAP graduates.

b. **Intensive Confinement Center (ICC) Graduates Needing Drug Treatment.** These inmates have graduated from one of the Bureau's ICCs, commonly referred to as a boot camp program. They have been identified as able to benefit from drug abuse treatment and have completed a course of drug education, and participated in a limited treatment regimen. Due to the lengthy CCC or home confinement placement of these inmates, they are to remain in the program until the T-DATCs and/or Treatment Provider deems that further treatment is not necessary.

The ICC staff identify these inmates by entering into the ICC DRUG assignment into SENTRY. While at the ICC, these inmates execute an agreement acknowledging the TDAT requirement. CCM/TDAT staff shall load the SENTRY drug assignment TRAN PAR V ordinarily within five working days of the inmate's arrival at the CCC/home confinement.

If the TDAT/CCM staff find that the inmate is not eligible for TDAT, they shall remove the SENTRY ICC DRUG assignment.

**c. Other Inmates/Enhanced Treatment Service. [§550.59 An inmate with a documented drug abuse problem but who did not choose to volunteer for the residential drug abuse program may be required to participate in transitional services as a condition of participation in a community-based program with the approval of the transitional services manager.]** ETS cases ordinarily are the inmates identified below:

**(1) Direct Court Commitments**

**(2) Pregnant Female Offenders.** These inmates are in their sixth to seventh month of pregnancy residing and participating in the Mothers and Infants Program (MINT). The inmate remains in the program until the infant is approximately three months old, at which time the inmate is transferred to a CCC or a more secure institution.

**(3) Federal Juvenile Offenders.** These inmates are serving their sentences in federally contracted juvenile facilities. Through the TDAT, they may receive drug education, individual, and/or group counseling.

**(4) Transfers.** In unusual circumstances, the Regional T-DATC may consider inmates who are institution transfers. All inmates in this category shall meet all eligibility criteria prior to placement in the program. If the inmate is eligible and is placed in TDAT, the Regional T-DATC/CCM staff shall load the SENTRY drug assignment TRAN PAR V, ordinarily within five working days from the inmate's admission into the T-DAT.

**12. DUAL DIAGNOSIS INMATES.** Inmates who have a diagnosis for substance abuse/dependency and a co-existing psychiatric disorder for an Axis I major mental illness as described in the DSM-IV may also be eligible for the TDAT. Ordinarily, these inmates have been enrolled in a special RDAP for inmates with dual diagnosis at the Federal Medical Center, Lexington KY.

Dual diagnosis inmates should be involved in appropriate drug treatment counseling. In addition, they should receive mental health care provided by a licensed psychologist and/or psychiatrist. If the "dual diagnosis" inmate does not require psychoactive medication, all mental health services should be provided under the direction of a licensed psychologist. If the inmate requires psychoactive medication, all mental health services should be provided under a psychiatrist's direction.

Only the Regional T-DATCs has oversight of the drug treatment. For dual diagnoses inmates, only drug treatment services are funded through the cost center used for drug treatment. All mental health services are to be delivered separately from drug counseling and F540 funds will not be used.

It is imperative that the T-DAT, CCM, CCC, and institution staff work closely to coordinate services for the dual diagnosis inmate. Frequent communication among all parties is essential to the inmate's successful transition into the community. Consultation with the local Regional Psychology Services Administrator is encouraged.

Two weeks prior to a dual diagnosis case's release from Bureau custody, CCM staff shall notify the USPO in writing of the inmate's special needs. This helps ensure a continuity of care for the inmate.

### **13. TRANSFER OF INFORMATION**

a. **RDAP Participants/Graduates.** For inmates who are participants/graduates of RDAP, the Unit Team shall forward to the Regional T-DATCs the following information (refer to the Program Statement on CCC Utilization and Transfer Procedure and the DAP Manual):

- two copies of the Treatment Summary and Relapse Prevention Plan (if treatment has been completed)
- two copies of the Agreement to Participate in BOP Residential Drug Abuse Treatment Program (DAP Manual (Attachment B-3))
- two copies of the Progress Report
- one copy of the CCC Referral Form (BP-210)

The Regional T-DATCs is responsible for providing a copy of the Treatment Summary to the USPO prior to the inmate's release from Bureau custody.

b. **ICC Drug Graduates.** ICC staff shall forward via the CCC referral packet:

- the Agreement to Participate in Community Transition Programming form (DAP Manual(Attachment B-4))
- documentation indicating a history of substance abuse, and
- information regarding the inmate's participation in the ICC Drug Treatment Program (refer to the Program Statement on CCC Utilization and Transfer Procedure).

c. **ETS.** If warranted, CCM staff are encouraged to recommend appropriate direct court cases. CCM staff may also recommend institution transfers in unusual circumstances, such as a judicial recommendation. The CCM shall determine if a referral should be made to the Regional T-DATCs and document the need on the CCC referral form.

The Regional T-DATCs shall provide guidance to CCM staff on screening cases and what supporting documentation to forward. If warranted, the CCM shall forward the CCC Referral form and any other agreed upon material to the Regional T-DATC. The inmate must sign the Agreement to Participate in Community Transition Programming (refer to the DAP Manual (Attachment B-4)). The CCM/CCC shall forward the form to the Regional T-DATCs.

When determining if an inmate is appropriate for ETS, the Regional T-DATC shall consider:

- the pattern of use,
- periods of sobriety,
- treatment history, and
- eligibility criteria.

If treatment is authorized, the Regional T-DATCs shall forward one copy of the material to the drug treatment provider.

14. **TREATMENT REQUIREMENTS.** If treatment is authorized, the Regional T-DATCs shall forward one copy of the material to the drug treatment provider.

a. **Treatment Authorization.** The services authorized, and the frequency of such services, are at the Regional T-DATC's discretion. Ordinarily, counseling shall not exceed four hours per week (three hours if the CCC is contracted by the Bureau to provide the drug treatment). This allows the inmate the opportunity to complete the other requirements of the CCC/home confinement. The treatment hours may include such services as:

- an initial assessment;
- treatment planning;
- individual counseling;
- group counseling; and
- family/marital counseling.

The Regional T-DATC determines if an assessment is needed and authorizes services by completing a Transitional Drug Abuse Treatment Authorization form (Attachment A). The treatment provider's copy of the authorization serves as notification that an inmate is to receive treatment. Ordinarily, this form shall be sent to the treatment provider prior to the inmate's arrival in the community. However, a case may be identified after an inmate's arrival at the CCC (e.g., direct court commitment). The form will be sent at that time. Copies of this form are to be sent to the CCM, CCC, and inmate, with a copy filed in the Regional T-DATC's inmate file.

b. **Notification to the Inmate.** T-DAT staff shall notify the inmate of his or her requirement to participate in treatment and the location of the treatment provider. The notification (which can be a copy of the Treatment Authorization form) shall indicate the date by which the inmate must contact the treatment provider for an appointment (not to exceed 10 working days from the date the inmate arrives in the community or 10 working days from notification). The notification shall include the name, location, and telephone number of the treatment provider and CCC. Copies shall be sent to the treatment provider, CCM, and CCC, with a copy filed in the Regional T-DATC's inmate file.

c. **Consent Form.** The Regional T-DATC shall provide direction to the treatment provider to secure and witness the inmate's signature on the Release of Confidential Information/Consent form (BP-S528.074 available on BOPDOCS) for all T-DAT inmates. This form shall be signed at the first meeting and prior to the onset of any assessment or treatment. The Regional T-DATC shall:

- advise the treatment provider to notify the Regional T-DATC of any failure to sign the form,
- maintain a copy of the form in the inmate's treatment file, and
- forward a copy to the Regional T-DATC.

d. **Initial Meeting.** The Regional T-DATC shall advise treatment providers of their obligation to arrange an initial meeting with the inmate within 10 working days of the inmate's arrival in the community, or within 10 working days of receiving the authorization, if authorization is received after the inmate's arrival at the CCC.

The meeting's purpose is to conduct an assessment, if authorized, and develop a treatment plan. While the inmate is to be held accountable for contacting the treatment provider, the treatment provider and CCC staff also have an obligation to ensure contact is made with the inmate. The Regional T-DATC shall have written or telephonic verification that the provider has seen the inmate.

The Regional T-DATC shall advise treatment providers of their obligation to send the assessment and treatment plan to the Regional T-DATC no later than the second monthly bill on which the inmate appears.

e. **Counseling Sessions.** The Regional T-DATC shall ensure that the treatment provider begins counseling sessions as soon as possible after completing the treatment plan.

f. **Changes to Treatment Services.** The treatment provider may recommend changes in the services and/or frequency of treatment the Regional T-DATC initially authorizes. The Regional T-DATC must authorize any changes to the treatment regimen in advance, including treatment termination.

If the provider rejects an inmate for the program based on the assessment, the provider must explain in detail why entry into the program was refused. The reason cited for refusal of services must conform with the accepted policies of the treatment provider, which must be documented in the program's procedural manual.

## 15. **TREATMENT DOCUMENTATION**

a. **Assessment.** If an assessment is completed, the Regional T-DATC shall advise the treatment provider that at a minimum, it shall be in narrative form and contain:

- a summary of the inmate's involvement with drugs/alcohol;
- a summary of the inmate's prior treatment experiences;
- a DSM-IV diagnosis of abuse or dependence; and
- recommendations for treatment.

b. **Treatment Plan.** The Regional T-DATC shall advise the treatment provider that the treatment plan shall include short and long term goals. It should be based on a formal and documented assessment or an intake interview. A treatment plan shall be:

- individualized and signed by the inmate;
- have a statement of the problems to be addressed;
- contain measurable, time-bound goals;
- have action/activity steps to achieve those goals; and
- be reviewed and updated as needed.

c. **Monthly Progress Reports (MPRs).** The Regional T-DATC shall advise the treatment provider of its obligation to submit information on the progress of all inmates receiving treatment with the monthly bill. At a minimum, the MPR shall contain:

- progress in treatment;
- other pertinent issues affecting transition into the community;
- reasons for missed appointments, whether excused or not excused; and
- address any behavior issues.

The Regional T-DATC shall review the MPRs to ensure that the inmate's monthly progress is directed towards meeting appropriate goals. The Regional T-DATC shall follow up on any appointments missed without authorization or any behavior issues that the provider reported. This document shall be sufficient to monitor an inmate's progress or lack of progress. The Regional T-DATC has an obligation, based on this report and other notifications, to warn an inmate or remove an inmate who is not progressing.

d. **Sign In/Out Log.** The Regional T-DATC shall advise the providers of their obligations to submit a Sign In/Out Log for all counseling sessions to verify the counseling sessions and time frames (Attachment E) with the monthly bill. The inmate shall fill in the dates and times and sign at each session. At a minimum, the log shall contain:

- the session date;
- starting and ending times;
- type of treatment, e.g., assessment, individual, group, family; and
- the inmate's printed/typed name and signature.

The Sign In/Out log is to be structured to satisfy confidentiality requirements.

e. **Discharge Summary.** The Regional T-DATC shall advise treatment providers of their obligations to complete a discharge summary (Attachment C) for all T-DAT participants, including failures and removals. The discharge summary shall be narrative in form and should address the following:

- problems,
- overall progress on treatment plan,
- modalities of treatment provided,
- response to treatment,
- reason for failure or removal, and
- prognosis and recommendations for further treatment.

The Regional T-DATC shall advise the treatment provider to complete and forward the discharge summary to the Regional T-DATC, ordinarily 10 working days prior to the inmate's discharge. For inmates removed for disciplinary or administrative reasons, the discharge summary shall be sent within 15 working days of the inmate's removal from treatment.

The Regional T-DATC shall advise the treatment provider to maintain a copy of the discharge summary in the inmate file, and mail copies to the USPO and the Regional T-DATC. The Regional T-DATC or CCC (if contracted by the Bureau to provide drug treatment) shall forward the discharge summary to the CCM so it can be included in the release paperwork that will be forwarded to the institution for placement in the Inmate Central File.

f. **Certifying Completion of Treatment.** The Regional T-DATC shall certify to the CCM that inmates who release via 3621(e) successfully completed treatment. This ordinarily occurs five to 10 working days prior to the inmate's projected release date. If the inmate has not successfully completed the treatment, the CCM/Regional T-DATC shall replace the TRANS PAR R or TRANS PAR V assignment with TRANS REMV, TRANS FAIL, TRANS DECL and ELIGIBLE to INELIGIBLE if appropriate within five days of becoming aware of the inmate's failure to complete treatment.

## 16. **TDAT FILES**

a. **TDAT Inmate File.** Regional T-DATCs shall keep an inmate file on all inmates in treatment. At a minimum, the inmate file shall contain:

- referral material from CCM or Institution (if provided);
- Treatment Authorization;
- Agreement to Participate;
- Release of Confidential Information Consent Form;
- Assessment (if authorized) and Treatment Plan;
- Monthly Progress Reports; and
- Discharge Summary



Upon the inmate's completion or expulsion from treatment, the Regional T-DATC shall close out the treatment file and maintain it on site for one year subsequent to the last date of treatment. The treatment file may be destroyed thereafter.

b. **Provider's Inmate File.** The Regional T-DATC shall advise the provider of its obligation to maintain a treatment file for each inmate.

All Bureau files shall be kept in a separate cabinet from non-Bureau files. The files shall be maintained on-site in a secure, locked file cabinet.

The files shall be consistently organized in accordance with standard case management practices. If the CCC is contracted to provide the drug treatment, the file shall also be kept separate from the CCC file. The file shall contain:

- the Treatment Authorization,
- Bureau Authorization to Release Confidential Information form,
- Treatment Contract,
- assessment,
- treatment plans,
- monthly progress reports,
- treatment summary, and
- discharge summary.

c. **TDAT Contractor File/Maintenance.** Regional T-DATCs shall keep a contractor file on all current contracts. Contract files should contain only the contract documentation related to the current contract and shall be purged of all duplicate documentation. The file must contain:

- Delivery Order (if Piggyback Contract)
- Purchase Request (if Bureau Contract)
- Monthly Bills
- Sign In/Out Logs
- Monitoring Instrument
- Monitoring Reports

(See Community Corrections Manual, Chapter 4 for contract closure procedures.)

17. **INSTITUTION VISITS.** It is expected that the Regional T-DATC and/or T-DATS shall visit institutions within his or her region to conduct pre-release meetings specific to TDAT and confer with drug abuse and case management staff to discuss issues of mutual concern.

18. **RESOURCE PROJECTION.** The Regional T-DATC shall provide estimates to the CCRA of funding requirements for independent contracts and where the CCC is contracted by the Bureau to provide drug treatment for the upcoming fiscal year (refer to Chapter 7, Accruals, in the Community Corrections Manual). After review and approval by the CCRA, these figures shall be forwarded to the National T-DATC. The Regional T-DATC shall maintain documentation of the methods used to calculate these projected requirements.

19. **ASSISTANCE.** Any questions regarding these matters should be directed to the National Transitional Drug Abuse Treatment Coordinator at (202) 307-3171.

/s/

Kathleen Hawk Sawyer  
Director

**ATTACHMENTS**

- A. Transitional Drug Abuse Treatment Authorization
- B. SENTRY TDAT Assignments and Definitions
- C. Transitional Drug Abuse Treatment Discharge Summary
- D. Billing and Bill Certification
- E. Procurement of Services
- G. Monitoring and Monitoring Instrument

**TRANSITIONAL DRUG ABUSE TREATMENT AUTHORIZATION**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_ (Treatment  
Provider)

**RE:** Inmate Name: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

**Special Instructions to the Inmate:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CCC/CSC:** \_\_\_\_\_  
(CCC Name and Location)

\_\_\_\_\_  
(CCC Contact Person & Telephone Number)

**Anticipated Arrival Date:** \_\_\_\_\_

The above-named Bureau of Prisons inmate is referred to your agency for transitional drug abuse treatment services. You are authorized to begin the assessment and/or treatment process within 10 working days of the inmate's arrival in the community, or 10 working days from this notice if services are authorized after the inmate's arrival in the community. If the inmate or a CCC staff member does not contact you to schedule an appointment within this time frame, notify TDAT staff immediately. Ensure that the inmate reads and signs the Bureau Release of Confidential Information - Consent Form and that it is witnessed and placed in the treatment file with a copy to TDAT staff. (ALL ETS CASES MUST HAVE A DSM-IV DIAGNOSIS FOR DRUG DEPENDENCE AND ABUSE TO PARTICIPATE IN TDAT, IF THEY DO NOT HAVE THIS THE TDAT WILL NOT PAY FOR ANYTHING AFTER THE INITIAL ASSESSMENT.) The monthly bill should be sent directly to TDAT staff with the required Monthly Progress Report and the sign in/out log.

**AUTHORIZED SERVICES**

| SERVICES                             | FREQUENCY           |
|--------------------------------------|---------------------|
| ____ 2011 Intake/Assessment Report   | ____ Per Week       |
| ____ 1010 Urine Collections          | ____ Hours Per Week |
| ____ 2010 Individual Counseling      | ____ Hours Per Week |
| ____ 2020 Group Counseling           | ____ Hours Per Week |
| ____ 2030 Family/Marriage Counseling | ____ Hours Per Week |

Note: At least one, and no more than four, hours of counseling shall be provided per week, unless otherwise authorized. If after the assessment you determine that treatment is not needed, or if you determine that services other than those authorized above are required, contact TDAT staff.

Special Instructions:

TREATMENT SERVICES ARE AUTHORIZED FROM \_\_\_\_\_ TO \_\_\_\_\_.  
(Date) (Date)

\_\_\_\_\_  
cc: TDAT \_\_\_\_\_ Address and Phone Number  
CCC/CSC, CCM, Regional T-DAT, Inmate

**SENTRY TDAT ASSIGNMENTS and DEFINITIONS**

Community Corrections staff shall enter and update all community TDAT assignments. The CCRA shall determine which staff (CCM or Regional T-DATC) are responsible for loading the SENTRY assignments for inmates into TDAT. The six DRG assignment in this area include:

| <u>Assignment</u> | <u>Group Code</u> | <u>Description</u>               |
|-------------------|-------------------|----------------------------------|
| TRAN PAR R        | TP                | COMMUNITY TRAN SERV PARTIC - REQ |
| TRAN PAR V        | TP                | COMMUNITY TRAN SERV PARTIC - VOL |
| TRANS COMP        | TC                | DRUG TRANS SERVICES COMPLETED    |
| TRANS REMV        | TF                | DRUG TRANS SERVIC OTHR REMOVAL   |
| TRANS FAIL        | TF                | DRUG TRANS SERVICES FAILURE      |
| TRANS DECL        | TD                | DRUG TRANS SERVICES DECLINE      |

TRAN PAR R - Inmates who have completed RDAP or CUDAP are required to participate in and are enrolled in TDAT. These inmates shall have this assignment added. It remains a current assignment until the inmate ends participation.

TRAN PAR V - Inmates identified as needing ETS and enrolled in TDAT shall have this assignment added. It remains a current assignment until the inmate ends participation.

TRANS COMP - An inmate who completes TDAT programming either as a volunteer or as a requirement. TRANS COMP replaces either TRAN PAR V or TRAN PAR R. CCM staff are to ensure that TRANS COMP is entered in SENTRY before an inmate releases via the 3621(e) mechanism.

TRANS REMV - An inmate who participates in TDAT and does not complete the program for reasons beyond his or her control.

TRANS FAIL - An inmate who is required to participate in community transitional services and does not complete the program because he or she withdraws or is expelled.

TRANS DECL - An inmate identified as needing ETS who participates in TDAT and does not complete the program because he or she withdraws or is expelled.

**FEDERAL BUREAU OF PRISONS  
TRANSITIONAL DRUG ABUSE TREATMENT DISCHARGE SUMMARY**

INSTRUCTIONS: THIS REPORT IS TO BE A NARRATIVE SUMMARY OF THE INMATE'S  
COMMUNITY TREATMENT ACTIVITIES. IT SHALL INCLUDE THE FOLLOWING SECTIONS:

**SECTION 1: IDENTIFYING INFORMATION**

|                        |                                                |
|------------------------|------------------------------------------------|
| NAME                   | REG. NO.                                       |
| PROJECTED RELEASE DATE | USPO SUPERVISION TO FOLLOW<br>-----YES -----NO |
| TX START DATE          | TX STOP DATE                                   |

**SECTION 2: INTRODUCTION**

SUMMARIZE THE INMATE'S INITIAL TREATMENT PLAN AND TREATMENT REGIMEN, INCLUDING  
PARTICIPATION IN ANY SELF-HELP GROUPS.

**SECTION 3: BODY**

DISCUSS THE INMATE'S ATTITUDE TOWARD, COMMITMENT TO, AND PROGRESS IN  
TREATMENT. DISCUSS ANY MODIFICATIONS TO THE INITIAL TREATMENT PLAN.

**SECTION 4: CONCLUSION**

DISCUSS THE INMATE'S RELAPSE PREVENTION PLAN. IDENTIFY ONGOING TREATMENT  
ISSUES. IF FURTHER TREATMENT IS RECOMMENDED, DISCUSS THE TYPE AND AMOUNT.

PREPARED BY COUNSELOR: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRIBUTION: TREATMENT FILE (ORIGINAL)  
Regional T-DATC (COPY)  
USPO, IF SUPERVISION FOLLOWS (COPY)  
CCC CASE FILE (COPY)

## **BILLING AND BILL CERTIFICATION**

The Regional T-DATC ensures the review and certification of all bills for treatment services. Treatment providers are to submit bills monthly including a treatment services invoice with a summary the services rendered during the month signed by an authorized administrator along with an alphabetized list and subtotal of all costs for each inmate. A copy of the Sign In/Out Log (See Example) for each inmate must accompany each bill. If services are being provided via a piggyback agreement, the Regional T-DATC and USPO shall instruct the contractor to submit separate invoices, indicating the name and register number.

Counseling sessions are to be paid in counseling units, with a unit ordinarily no less than 30 minutes in length. As treatment providers often bill for time used to document counseling sessions, the Regional T-DATC has the authority to determine the overall length of a counseling session (e.g., if a Sign In/Out Log indicates a counseling session was 50 minutes in length, the Regional T-DATC is authorized to pay for a total of 60 minutes or two counseling units). The Regional T-DATC shall not pay for any service not previously authorized. The Regional T-DATC shall verify that the total number of units billed matches the total number of units indicated on the Sign In/Out Logs for each type of counseling.

If the voucher is found to be in error, the certifying official may make minor adjustments (e.g., minor mathematical corrections). If there are significant problems (e.g., insufficient documentation or a significant discrepancy in amount billed), the voucher is to be returned to the vendor for correction and resubmission, after documenting the date of receipt and the date of return in the contract file. The Regional T-DATC shall not certify a bill as accurate until all errors have been corrected.

Upon receiving an accurate voucher and documentation, T-DATC staff shall execute an SF-1034 - Public Voucher for Purchases and Services Other Than Personal (see BOPDOCS for an SF-1034), certifying the bill for payment, provide the correct appropriation data for the financial management office, and forward it to the CCRA for signature. The CCRA shall forward it to the Office of Financial Management. Regional Comptrollers shall determine when bills are due to financial management. However, all bills shall be paid in accordance with the Prompt Payment Act. The cost center for drug treatment in the community is 540, Decision Unit F.

In the case of piggyback contracts the Regional T-DATC shall forward to USPO a copy of the SF-1034.

EXAMPLE - MAY BE MODIFIED

BUREAU OF PRISONS  
TRANSITIONAL DRUG ABUSE TREATMENT  
SIGN IN/OUT LOG

MONTH OF: \_\_\_\_\_

| BOP Inmate Name | Date        | Session<br>Began | Session<br>Ended | Reason for<br>Visit<br>(I,G,F)* | Client Signature |
|-----------------|-------------|------------------|------------------|---------------------------------|------------------|
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |
| _____           | ___/___/___ | ___ : am/pm      | ___ : am/pm      | _____                           | _____            |

Submitting Staff Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

\*(I = Individual; G = Group, F = Family)



**PROCUREMENT OF SERVICES  
GLOSSARY**

a. Blanket Purchase Agreement (BPA). A BPA is a "charge account" arrangement, using a purchase order form, between a buyer and a seller for recurring purchases of supplies or services. BPA's are not contracts. A BPA is elevated to the status of a contract by the issuance of a call or referral to the BPA vendor and the vendor's acceptance of the referral. A request for a BPA must be submitted at least 120 days prior to actual performance.

b. Intergovernmental Agreement (IGA). An IGA is a bilateral agreement for services provided by a state or local government, at a reasonable price.

c. Purchase Order (PO). A PO is a simplified small purchase procedure which may be appropriate in a variety of situations. A PO cannot exceed one year, nor may it extend beyond one fiscal year into the next.

d. Request For Contract Action (RCA). An RCA is a document that officially initiates a procurement action; it is sometimes called a Requisition or Purchase Request. RCAs provide the basis for determining how procurement will be conducted and how contracts will be awarded. They contain descriptions of the requirements, required authorizations, and necessary administrative details that enable the Central Office to prepare and issue solicitations and develop contract documents.

e. Statement of Work (SOW). A SOW is a description of the requested services or supplies.

f. Treatment Provider/Contractors. These are individuals or private companies who provide outpatient drug abuse treatment including Community Correction Centers (CCC) who have contracted with the Bureau to provide drug treatment within their facilities.

TREATMENT PROVIDERS. Treatment services may be contracted by different means. Following are the most common ways of contracting for drug treatment. Procurement of services are detailed in Attachment B.

a. Independent Contract for Services. The Bureau may contract with individual treatment providers in the community to provide drug treatment. The services may be provided at the treatment provider's facility, or the provider may conduct the services at the CCC, if the CCC agrees.

b. Intergovernmental Agreement (IGA). The Bureau has an intergovernmental agreement with U.S. Probation Offices that provides for drug treatment. U.S. Probation Offices have, in most geographic areas, contracted for outpatient treatment services for federal inmates. U.S. Probation may add a provision to its contractual agreements to allow Bureau inmates to receive services under the terms and conditions of the contract.

It is understood that the Bureau is not the primary contractor for these contracts. TDAT staff may request, but cannot require, the contractor or U.S. Probation to comply with the time frames and other requirements in this Program Statement.

c. CCC Contracted by the Bureau to provide Drug Treatment. The Bureau's contract with a CCC may include a provision to provide drug treatment. The CCC may hire drug treatment staff or sub-contract for services. In either case, the treatment shall be provided at the CCC with the CCC responsible for the overall services.

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### **PROCUREMENT OF SERVICES**

Regional T-DATCs are required to monitor the geographic location of the Bureau's population needing drug treatment through SENTRY DRG assignments. Regional T-DATCs have several means for procuring services, and ordinarily shall have an adequate number of contracts or piggyback agreements in place at any given time (refer to the Community Corrections Manual, Chapter 4).

a. Piggyback Agreements. The general parameters regarding the procurement of services of piggybacks are as follows:

- When the estimated cost is \$2,500 or less for the fiscal year, the Bureau may award its purchase orders.
- When the estimated cost is more than \$2,500 and not more than \$25,000 for the fiscal year, U.S. Probation will issue a competitive purchase order. While the Bureau cannot piggyback a competitive purchase order, the Regional T-DATC may seek quotes from the same vendors solicited by U.S. Probation.
- When the estimated cost of services exceeds \$25,000, U.S. Probation will issue a Blanket Purchase Agreement (BPAs). The Bureau may piggyback BPAs.

Per the procurement cycle and practices of the Administrative Office of the U.S. Courts, the Regional T-DATC shall provide estimates of the Bureau's requirements for treatment services to the Chief U.S. Probation Officer in each district in which services are obtained through piggyback contracts, if requested.

To determine estimates for piggybacking, the Regional T-DATC shall provide estimates during USPO Spring Call in May for those areas they wish to piggyback. Estimated Monthly Quantities (EMQ) shall be calculated as follows:

- Review at a minimum the six most recent invoices (it can be more);
- Note quantities of services provided for each invoice during at least the last six months;
- Tally up and divide by the number of months being reviewed for a monthly average; and
- Consider other factors (new programs activating, new policy requirements, Bureau projections, etc.).

The Regional T-DATC shall maintain documentation of the methods used to calculate EMQs.

To initiate a piggyback, the Regional T-DATC shall contact the Chief U.S. Probation Officer or Drug Treatment/Contract Specialist in each district where services may be required.

If U.S. Probation agrees, the Regional T-DATC shall request a list of the community-based treatment agencies U.S. Probation uses that are providing satisfactory services and copies of Delivery Orders. As U.S. Probation's contracts may change yearly, an updated list shall be obtained if necessary.

Regional T-DATCs shall contact treatment providers that are geographically convenient for the Bureau to discuss the provision of services for Bureau inmates. If the Bureau has not previously used the treatment provider, the TDAT requirements shall be thoroughly explained.

If the treatment provider is satisfactory to the Regional T-DATC and is willing to provide services, the Regional T-DATC should piggyback U.S. Probation's contract.

Piggyback agreements require executing an obligating document or Delivery Order (See Example) that officially advises all parties of the intent to use specific services the vendor contractually provides. The piggyback document shall include the following information:

- the Bureau accounting code;
- the order number;
- the specific project codes representing which services will be used, with the negotiated prices for those services taken from the USPO delivery order;
- the Regional T-DATC's name, phone number, and address;
- the start and expiration dates for the delivery of services (these dates must match those on the USPO delivery order); and
- signature blanks for the treatment provider and the Regional T-DATC.

The Regional T-DATC shall forward the piggyback document to the treatment provider for review. By signing the document, the contractor documents the treatment agency's willingness to provide the specified services for Bureau inmates at the prices U.S. Probation has negotiated.

After signing the document, the Regional T-DATC shall append the piggyback delivery order to the U.S. Probation Delivery Order and route these documents through the CCRA to the Regional Financial Management Office. A copy of the approved piggyback document shall be forwarded to the responsible U.S. Probation Office.

b. Purchase Order. A purchase order will be issued for transitional drug abuse treatment under \$2,500.

c. SF-1449, Solicitation/Contract/Order for Commercial Items.  
An SF-1449, Solicitation/Contract/Order for Commercial items will be issued for transitional drug abuse treatment over \$2,500. Drug treatment services are consider to be a commercial items acquisition and will be acquired under simplified acquisition procedures (\$5,000,000).

To initiate a purchase order the following steps should be taken four months prior to the start of performance. To initiate an SF-1449, the following steps should be taken six months before start of performance.

(1) The Regional T-DATC shall complete a Request for Contract Action (RCA) for treatment services in the geographic area where services are required. The suggested source list can be generated by consulting SAMHSA National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs Directory, contacting that the National Association of State Alcohol and Drug Abuse directors (NASADAD - 202-293-0090 or <http://www.nasadad.org>), or by contacting U.S. Probation Office staff in the district where services are desired.

(2) The RCA shall be forwarded to the CCRA, who shall then send the packet to the NATIONAL T-DATC. After approval, the NATIONAL T-DATC shall forward the packet to the Central Office Community Corrections Contracting Sections Chief. The Contracting Officer shall handle all contract negotiations, and keep the Regional T-DATC and the National T-DATC advised of the status of negotiations.

EXAMPLE - MAY BE MODIFIED

**SAMPLE "PIGGYBACKED" DELIVERY ORDER**

VENDER: New Hope Treatment Center  
444 Court Street  
Clear Lake IA 55555

Order #: 05-4132

\_\_\_\_\_  
Vender's Signature/Title

| Item | Description of Services     | Quantity | Unit  | Price   |
|------|-----------------------------|----------|-------|---------|
| 1010 | Urine Collections           | Indef    | spec  | \$10.00 |
| 2011 | Intake, Assessment & Report | Indef    | rpt   | \$68.00 |
| 2010 | Individual Counseling       | Indef    | *sess | \$35.00 |
| 2020 | Group Counseling            | Indef    | *sess | \$22.00 |
| 2030 | Family Counseling           | Indef    | *sess | \$35.00 |

\* Sessions are in at least 30-minute increments.

**BUREAU ACCOUNTING CODE**

| FP | RR | II | Level | Program | * |
|----|----|----|-------|---------|---|
|    |    |    |       | Area    |   |

\_\_\_\_\_  
\* Optional Functional Area (ex. CCM Office Code / Project Code)

**Start and End Dates:** (Must match service delivery dates on USPO  
delivery order for piggyback agreements.)

\_\_\_\_\_  
**Regional T-DATC**

Address

Phone Number

cc: Financial Management Office  
CCRA  
USPO

## MONITORING

The Regional T-DATC shall ensure the quality of treatment services through monitoring and consultations with the CCM, CCC, and U.S. Probation staff. Monitoring a contractor's performance should be viewed as a continuous and routine process and not limited to formal monitoring trips to the facility.

a. Monitoring Schedule. TDAT staff are required to develop a monitoring schedule for all drug treatment contracts. The CCRA is required to approve the schedule, with a copy sent to the National T-DATC each year by October 1. The CCRA has the authority to change the monitoring schedule and modify the frequency of the monitoring depending on the size of the contract and the number of inmates being treated. The Regional T-DATC should make necessary changes to the schedule at least quarterly, obtain the CCRA's approval, and forward a copy to the National T-DATC.

The monitoring schedule shall include the following information:

- Contractor name and location;
- Type of contract (U.S. Probation or Bureau);
- Date and type (U.S. Probation or Bureau) of last Monitoring Report on file;
- Proposed date of monitoring;
- How monitored (on-site or telephone interview); and
- Individual conducting the monitoring (e.g. Regional T-DATC or U.S. Probation Officer).

Bureau staff (generally the Regional T-DATC or T-DATS) shall monitor Bureau contracts. Bureau staff should monitor piggyback contracts if at all possible, particularly if they serve 50 inmates or more per year.

b. Frequency of Monitoring. Monitoring shall be prioritized as follows:

- Major usage - 100 inmates or more per year
- Moderate usage - 50 to 99 inmates per year
- Minor usage - 49 inmates or less per year

Ordinarily, the major and moderate use contracts will have one full monitoring each year. Minor use contracts may be monitored by completing the Office Monitoring and Interview section of the monitoring instrument and through telephone contact with staff and inmates. When a contract is located in an area that may be costly or difficult to access, the Regional T-DATC may request to the CCRA that an on-site visit be waived, and an office monitoring will be conducted by file review and telephone interviews.

U.S. Probation staff hold primary responsibility for monitoring contract compliance when the Bureau is piggybacking. However,

the Regional T-DATC may ask to accompany Probation staff on their formal monitoring visits or request to monitor independently. In either case, all piggybacks shall have a monitoring report not more than one year old.

The CCRA shall direct local procedures for conducting monitoring when the Bureau contracts with a CCC to provide drug treatment. Ordinarily, CCM/Regional T-DATC staff shall complete one monitoring report reflecting the compliance of the entire CCC contract, including drug treatment. Ordinarily, to assist the CCM, the Regional T-DATC shall complete the TDAT monitoring instrument and report, and provide a copy to the CCM. Therefore, the Regional T-DATC shall coordinate with the CCM on scheduling monitoring where the Bureau has contracted with the CCC to provide drug treatment.

c. Monitoring Instrument. An onsite monitoring shall consist of completing the instrument in its entirety, including group and/or individual treatment observations. For contracts that will not receive an on-site visit due to size, location, etc., complete all sections except 2, 6, 7. The Interview Sections shall be completed by telephone or mail. This is referred to as an office review.

Because of the possibility of contract dispute or need to further explain the findings of monitoring, it is important all sections of the monitoring instruments be complete, comprehensive, and legible. These papers shall be maintained in the Regional T-DATC contract file for the life of the contract.

d. Monitoring Report. The Regional T-DATC shall use the TDAT monitoring instrument as a guide to complete the monitoring report. Ordinarily, the report shall cover sections as outlined in the monitoring instrument. Usually, the report is completed within 10 working days of the monitoring whether it is an On-site monitoring or Office Review monitoring. The CCRA shall review all monitoring reports. A copy of the monitoring report is to be sent to the National T-DATC. The monitoring report will note:

- any problems encountered,
- training conducted with the provider, and
- areas of strength.

Particular attention should be paid to discussing the quality of the treatment if the monitoring is conducted on-site.

For Bureau contracts, the contractor shall be required to respond to the report within 30 calendar days of receipt. The Regional T-DATC shall follow up on any outstanding issues.

For piggyback contracts, the monitoring report shall be sent either to the contractor or U.S. Probation, as it requests. If U.S. Probation requests the report be sent to it, the Regional T-DATC shall follow up with U.S. Probation to determine if the Bureau's concerns have been forwarded to the contractor. If USPO



requires the report to be sent directly to the contractor, the Regional T-DATC shall forward a copy to U.S. Probation. The Regional T-DATC cannot require a piggyback contractor to prepare a formal, written response to the recommendations. However, the Regional T-DATC should request one for mutual benefit to the agencies.

**BUREAU OF PRISONS  
TRANSITIONAL DRUG ABUSE TREATMENT  
CONTRACT MONITORING INSTRUMENT**

Follow directions carefully and complete all sections indicated based on the type of monitoring you are conducting. (For Onsite Monitorings complete the entire instrument. For Office Monitorings complete all sections except 2,6, and 7.)

Date of Monitoring: \_\_\_\_\_

Contractor Name & Address

Monitoring Team  
(Name & Position)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DATE(S) AND TYPE OF LAST MONITORING: \_\_\_\_\_

\_\_\_\_\_ Number of Bureau inmates referred to contractor during previous 12 months?

\_\_\_\_\_ Number of Bureau inmates in treatment on the first day of the monitoring?

\_\_\_\_\_ Total Number of DAP Graduates

\_\_\_\_\_ Number of ICC Drug Inmates?

\_\_\_\_\_ Number of ETS cases?

Prepared by: \_\_\_\_\_  
(signature and title)

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

or

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Discussion/Findings:

## 2. FACILITY

Yes    No

- |     |     |                                                                                                                                                                     |
|-----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | 1) Is private counseling space available for individualized substance abuse treatment?                                                                              |
| ___ | ___ | 2) Is a group counseling room available which meets the space requirements for the treatment population?                                                            |
| ___ | ___ | 3) Are the counseling rooms well-lit, free from extraneous noise, furnished with comfortable chairs, and equipped with audio-visual materials needed for treatment? |

**Discussion/Findings:**

### 3. INTAKE PROCESSING

YES NO

- |   |   |                                                                                                                                                                                                                                                   |
|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| — | — | 1) Within 10 working days of receipt of the authorization, if received after the inmates arrival in the community, does the provider meet individually with each inmate for an assessment and/or treatment plan?                                  |
| — | — | 2) Does the provider follow established reporting procedures if an inmate misses a scheduled treatment or drug testing appointment?                                                                                                               |
| — | — | 3) Does the provider ensure that a fully executed copy of a Bureau Release of Confidential Information - Consent is completed, filed in the inmate's treatment file with a copy forwarded to the Regional T-DATC?                                 |
| — | — | 4) If an assessment is completed, does it contain at a minimum: a summary of the inmate's involvement with drugs/alcohol; the inmate's prior treatment experiences; a DSM-IV diagnosis of abuse or dependence, and recommendations for treatment? |
| — | — | 5) If the provider does not find an inmate to be eligible for treatment in their program, is this denial documented and forwarded to the Regional T-DATC in a timely manner?                                                                      |
| — | — | 6) Does the provider send the assessment with the monthly bill?                                                                                                                                                                                   |

**Discussion/Findings:**

#### 4. TREATMENT AND DOCUMENTATION

YES NO

- |     |     |                                                                                                                                                                                                                                                                                                                                                                             |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | 1) If a treatment plan is completed, does it contain at a minimum: individualized and signed by the inmate signature, statement of the problems to be addressed, measurable time-bound goals, action/activity steps to achieve those goals?                                                                                                                                 |
| ___ | ___ | 2) Does the provider update their treatment plans?                                                                                                                                                                                                                                                                                                                          |
| ___ | ___ | 3) Does the provider have documentation noting a clearly defined treatment philosophy and approach?<br>(Note: Request a copy of the providers program contract or guidelines for client participation for their program. Does the contractor utilize Relapse Prevention, Rational Behavior Therapy, Rational Emotive Therapy, and/or other cognitive treatment approaches?) |
| ___ | ___ | 4) Do counseling sessions begin as soon as possible after the treatment plan has been completed?                                                                                                                                                                                                                                                                            |
| ___ | ___ | 5) Is each inmate's treatment regimen within what has been authorized by the BOP?                                                                                                                                                                                                                                                                                           |
| ___ | ___ | 6) If an inmate refuses or fails to attend counseling sessions or if behavioral problems develop during counseling sessions, is contact made with the CCC, CCM and/or Regional T-DATC? If warranted, are disciplinary reports written in accordance with procedures set forth in the CCC SOW?                                                                               |
| ___ | ___ | 7) Do you receive information on how the inmates is doing meeting goals/objectives, other pertinent issues affecting the inmate's transition into the community, and reasons for missed appointments?                                                                                                                                                                       |
| ___ | ___ | 8) Are the authorized number of counseling sessions and authorized length of sessions reflected on the sign-in/out log?                                                                                                                                                                                                                                                     |
| ___ | ___ | 9) Are the sign-in/out logs available at every group and individual session for inmates to sign?                                                                                                                                                                                                                                                                            |
| ___ | ___ | 10) Do the sign-in/out logs show the date of treatment, starting and ending times, type of counseling offered, and the signature of the inmate?                                                                                                                                                                                                                             |
| ___ | ___ | 11) Ten working days prior to an inmate's completion of treatment or discharge, does the provider complete and distribute the discharge summary?                                                                                                                                                                                                                            |

- — 12) If an inmate is removed from the CCC for disciplinary or administrative reasons, is a discharge summary completed and forwarded to the Regional T-DATC?

**Note:** Review with the provider the logical flow of events from receiving the initial referral form to the assessment/treatment plan, treatment, home confinement, the discharge summary and follow-up with Probation.

**Discussion/Findings:**

**5. BILLING**

**YES NO**

\_\_\_ \_\_\_ 1) By the 10th of each month (or other date authorized by the Regional T-DATC), does the provider submit an invoice for drug treatment services provided during the previous month to the Regional T-DATC? Does the provider invoice include the following:

\_\_\_ Public Voucher 1034  
\_\_\_ Individual Sign In/Out Log  
\_\_\_ Monthly Treatment Reports

\_\_\_ \_\_\_ 2) Is the Public Voucher 1034 completed accurately? Are the correct negotiated prices for drug treatment services quoted?

\_\_\_ \_\_\_ 3) Does the provider provide a correct invoice which summarizes, inmate-by-inmate, the charges for which the Bureau is being billed? If the CCC is contracted by the Bureau to provide drug treatment, are these charges separate from other CCC services required in the SOW?

\_\_\_ \_\_\_ 4) During the past 12 months, how often has the contractor's bill been returned to the contractor for corrections and re-submissions?

**(Note: If you are completing an Office Review ONLY complete this session and go to section 9 - Interviews and complete that by telephone.)**

**Discussion/Findings:**



**6. GROUP OBSERVATION**

**YES    NO**

- |     |     |                                                                                                                          |
|-----|-----|--------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | 1) The boundaries of group were observed by participants?                                                                |
| ___ | ___ | 2) The boundaries of group were observed by the counselor?                                                               |
| ___ | ___ | 3) The room was conducive to work?                                                                                       |
| ___ | ___ | 4) The group was introduced appropriately (e.g. previous session reviewed and current session previewed)?                |
| ___ | ___ | *5D) Did the group leader cover all material in the lesson plan?                                                         |
| ___ | ___ | *6D) Did the group leader demonstrate an adequate command of the subject?                                                |
| ___ | ___ | *7D) Was the group leader's presentation organized and attuned to the intellectual and motivational levels of the group? |
| ___ | ___ | *8D) If the group leader used audiovisual aids were they used effectively?                                               |
| ___ | ___ | 9) Did the group leader respond effectively to the mode of group involvement as it changed during the session?           |
| ___ | ___ | 10) Did the group leader make appropriate interventions (verbal and nonverbal) designed to move the group toward work?   |
| ___ | ___ | 11) Did the group leader encourage group participation?                                                                  |
| ___ | ___ | 12) Did the group leader encourage group autonomy when appropriate?                                                      |
| ___ | ___ | 13) Did the group leader encourage group members to accept personal responsibility for their behavior?                   |
| ___ | ___ | 14) Was the group session summarized at the end?                                                                         |

**\*Items that are followed by a "D" are designed primarily for didactic groups. All other items apply to all groups.**

**Discussion/Findings:**

**7. INDIVIDUAL OBSERVATION**

**YES NO**

- |     |     |                                                                                                                                                                                                                                                             |
|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | *1I) The counselor established good rapport with the client?                                                                                                                                                                                                |
| ___ | ___ | *2I) Corrective interview procedures were observed by the counselor?                                                                                                                                                                                        |
| ___ | ___ | *3I) Client problems were assessed accurately by the counselor?                                                                                                                                                                                             |
| ___ | ___ | 4) Appropriate boundaries were observed by the client?                                                                                                                                                                                                      |
| ___ | ___ | 5) Appropriate boundaries were observed by the counselor?                                                                                                                                                                                                   |
| ___ | ___ | 6) The room/environment was conducive to work (e.g., minimal distractions)?                                                                                                                                                                                 |
| ___ | ___ | 7) The counselor or client referred to work accomplished in previous session(s)?                                                                                                                                                                            |
| ___ | ___ | 8) The counselor intervened in a manner which enhanced the accuracy of the client's self-perception?                                                                                                                                                        |
| ___ | ___ | 9) The counselor encouraged (verbally and nonverbally) the client to work during the session (e.g., self-disclose, analyze own behavior, plan behavioral changes, express humility and gratitude, integrate part-objects, upgrade primitive defenses, etc.) |
| ___ | ___ | 10) The counselor's timing of interventions were effective?                                                                                                                                                                                                 |
| ___ | ___ | 11) The counselor's manner was empathic and validating?                                                                                                                                                                                                     |
| ___ | ___ | 12) The counselors summarized at the end of the session and previewed the next session?                                                                                                                                                                     |

**\* Items that are followed by an "I" are designed primarily for individual client interviewing sessions.**

**Discussions/Findings:**

## 8. FILE MAINTENANCE

YES NO

- |     |     |                                                                                                                                                                                               |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | 1) Does the provider have an individual file for each inmate?                                                                                                                                 |
| ___ | ___ | 2) Does the provider ensure that all Bureau inmate files are kept separate from non-Bureau files or CCC files in a secure, fireproof, locked file cabinet?                                    |
| ___ | ___ | 3) Does the provider's inmate file contain the Bureau Release of Confidential Information/Consent form; an assessment and/or treatment plan, monthly treatment reports and discharge summary? |

**Discussion/Findings:**

## **9. INTERVIEWS**

The monitoring team should interview the Treatment Provider, Inmate, USPO, and CCC Director. The following are examples of questions to use. The questions may be modified.

### **CONTRACTOR INTERVIEW WORKSHEET**

1. Do you receive referrals from the Regional T-DATC far enough in advance to allow for effective planning and coordination with CCC/USPO staff?
2. How would you describe the adequacy of referral materials from the Bureau?
3. Discuss linkages with the CCC and the local USPO.
4. Do you understand the billing process? Are you having any problems with your billings? Are you receiving your payments in a timely manner?
5. Concerning the T-DAT do you feel that you received a sufficient orientation, adequate information, and support as needed?
6. Have all core staff visited a Bureau institution with a residential DAP to learn about the Bureau's substance abuse treatment efforts?
7. Comments:

**INMATE INTERVIEW WORKSHEET**

1. Do you have a special drug/alcohol aftercare condition which was imposed by the court?
2. What are your drug treatment goals as developed with the drug treatment provider?

How were they developed?

Do you review your goals regularly and update them as needed?

3. Have you met with your U.S. Probation Officer?
4. How would you rate the quality of the treatment you are receiving at this agency/facility?
5. Did you complete a RDAP program at a Bureau institution? Do you believe the treatment you are receiving now is compatible with the DAP program?

**USPO INTERVIEW WORKSHEET**

1. How would you characterize communication between you, the treatment provider, and the CCC?
2. Other comments about TDAT
3. Have you been invited to participate in initial program planning at the CCC for Bureau inmates who are participating in transitional drug abuse treatment? (Note: For CCCs that the Bureau contracts with for drug treatment only.)

**CCC DIRECTOR INTERVIEW WORKSHEET**

1. Do you receive advance notification of inmates who will be referred to Transitional Services? How would you describe communication with Bureau staff concerning the TDAT?
2. How do you ensure the accountability of inmates who have signed out to attend treatment?
3. How (i.e. what means of transportation) do inmates get to treatment sessions? Is this problematic?
4. When you are notified that an inmate has missed a treatment sessions, how do you intervene?
5. How would you characterize communication between the CCC and the treatment provider?
6. When you believe that an inmate is in need of treatment services, do you believe you can make a referral for TDAT?
7. Do you invite staff from the drug treatment agency to participate in the initial program planning conference, if so, who? Have you ever visited the treatment provider's facility, if so who? (Note: For CCCs that the Bureau contracts with for drug treatment.)
8. Do CCC case management staff sit in our the drug treatment initial planning conference? Do case management staff ever sit in on counseling sessions or groups? (Note: For CCCs that the Bureau contracts with for drug treatment.)